

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000060752

Entity Name: LAROSE ENTERPRISES, INC.

**FILED**  
**Jun 15, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

1001 S.E. 163RD STREET  
HAWTHORNE, FL 32640

## **New Principal Place of Business:**

4685 SW 134TH LOOP  
OCALA, FL 34473

## **Current Mailing Address:**

1001 S.E. 163RD STREET  
HAWTHORNE, FL 32640

## **New Mailing Address:**

P.O. BOX 773096  
OCALA, FL 34477

FEI Number: 20-2729885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

LAROSE, VIRGINIA G  
1001 S.E. 163RD STREET  
HAWTHORNE, FL 32640 US

## **Name and Address of New Registered Agent:**

LAROSE JR, ROBERT P  
4685 SW 134TH LOOP  
OCALA, FL 34473 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT P LAROSE JR

06/15/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAROSE, ROBERT P  
Address: 1001 S.E. 163RD STREET  
City-St-Zip: HAWTHORNE, FL 32640 US

Title: V ( ) Delete  
Name: LAROSE, VIRGINIA G  
Address: 1001 SE 163RD STREET  
City-St-Zip: HAWTHORNE, FL 32640 US

Title: O (X) Delete  
Name: JOSHUA L DAVIS,  
Address: 1001 SE 163RD STREET  
City-St-Zip: HAWTHORNE, FL 32640 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAROSE JR, ROBERT P  
Address: 4685 SW 134TH LOOP  
City-St-Zip: OCALA, FL 34473 US

Title: S (X) Change ( ) Addition  
Name: MITTENDORF, MILA M  
Address: 4685 SW 134TH LOOP  
City-St-Zip: OCALA, FL 34473 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P LAROSE JR

P

06/15/2006

Electronic Signature of Signing Officer or Director

Date